

silastic stenting in selected cases. Twelve patients underwent anteroposterior laryngotracheal reconstruction with biological inhibition. This resulted in disease remission in all patients with subglottic stenosis and most patients with concomitant glottic and subglottic stenosis. Patients with total laryngotracheal stenosis required ongoing treatment for glottic disease. All patients maintained prosthesis-free airways but in one patient this required a laryngectomy. Most patients achieved good functional outcomes. Stenosis location was the only independent predictor of dyspnea and voice outcomes.

Idiopathic subglottic stenosis can be effectively treated with endoscopic surgery or a bespoke open reconstructive procedure which does not compromise on female voice quality.

#### 0987: TO EVALUATE THE ROLE OF HRCT TEMPORAL BONE IN CHOLESTEATOMA CASES (A STUDY OF 50 CASES)

R.G. Aiyer Abhishek. *Baroda Medical College, Vadodara, India.*

**Objectives:** To evaluate role of HRCT (high resolution computerised tomography) scan of temporal bone in detecting presence and extent of disease, and collaboration with intraoperative findings.

**Methods:** HRCT was done by Toshiba CT scanner 64 slice machine for 50 patients, over the duration of 2 ½ yr., with active chronic otitis media, and conductive hearing loss, with or without central nervous system complication, and were operated. HRCT scan and intraoperative findings were compared.

**Results:** In identifying bony erosion of air cells/scutum HRCT is 100% specific. Ossicular status (malleus and incus), the specificity for its erosion or its absence is 100%, with a good sensitivity. For stapes erosion HRCT is 80% sensitive. For erosion of Dural and sinus plate, facial nerve canal, Lateral semicircular canal it is more sensitive than specific. HRCT is very sensitive for identifying presence of middle ear disease. HRCT is accurate in identifying an abscess or sinus thrombosis

**Conclusions:** HRCT scan is screening tool in visualising the extent of disease, identifying presence of bony erosion, with limitations in distinguishing Cholesteatoma with diseased mucosa/fluid/polyp, and exact size of erosion in dural plate, sinus plate, facial canal; specially in extensive disease where thinning of bone occurs. With HRCT prognosis of hearing can be predicted preoperatively.

#### 1000: IMPROVING AND STANDARDISING THYROID HORMONE REPLACEMENT THERAPY POST THYROID SURGERY

Ali Al-lami<sup>1,2</sup>, Piyush Jani<sup>1,2</sup>. <sup>1</sup>Peterborough City Hospital, Peterborough, UK; <sup>2</sup>Addenbrookes - Cambridge University Hospital NHS Foundation Trust, Cambridge, UK.

**Aim:** To improve thyroid hormone replacement therapy post total thyroidectomy operations.

**Methods:** 2-cycles audit. In the first audit cycle, the records of patients who underwent thyroid surgery over a 10 months period were retrospectively reviewed. The thyroid hormone replacement prescribing was compared to local guidelines for thyroid replacement following radioactive iodine ablation. We subsequently instituted an improved operation notes proforma by introducing a thyroid hormone replacement box to improve communication between the operating surgeon and ward doctors. A prospective re-audit after introducing the intervention was performed to assess its effectiveness.

**Results:** In the retrospective audit, 24 patients underwent total thyroidectomies. 19 patients (79 % of cases) received the correct thyroid hormone replacement (T3 or T4) along with the correct dosage. 3 patients (12.5 %) received the appropriate type but with the incorrect dosages. 2 patients (8 %) received inappropriate thyroid hormone replacement type resulting in delay of post-operative radioactive iodine in one patient. A repeat prospective study after introducing the change showed that appropriateness of prescriptions improved to 100 %.

**Conclusions:** This study supports the need for introducing simple measures, such as a thyroid hormone replacement box into the operation notes to improve communication between the senior and junior doctors.

#### 1127: SHROPSHIRE COMBINED REFLUX EVALUATION SCORE (SCORES); THE MANAGEMENT OF LARYNGOPHARYNGEAL REFLUX

Julian Danino, Sonia Kumar, Clare Probert, Stuart Thompson. *Royal Shrewsbury Hospital, Shropshire, UK.*

**Objectives:** Laryngopharyngeal reflux (LPR) is a well-recognised treatable condition when the appropriate medication and life style changes are observed. Our aim was to assess the compliance and efficacy of SCoRES a new pathway consisting of a novel combination of the well recognised scoring systems, protocol of medication and attendance of LPR group

**Methods:** Patients diagnosed with LPR were seen prospectively in an ENT clinic and scored based on the RSI, RFS and clinical history and examination. Patients were treated according to their ranking score, which included a medication regimen, reinforcement at the LPR group and subsequent review in a joint LPR clinic

**Results:** 80% of patients required a change to the treatment. 40% of patients required an increase in their medication whilst 50% required a decrease. 10% of patients were referred for further investigations. There was a 5% report of intolerance and an alternative PPI was prescribed. A patient satisfaction survey of their management was above average.

**Conclusion:** The system is useful in the management of patients with LPR. It combines well validated scoring systems, adjusted management protocols and compliance group therapy successfully. The innovative scoring and treatment pathway show promising results and would enable uniformity in the management of these patients.

#### 1190: IMPROVED RETRACTION FOR TRACHEOSTOMY USING ELASTICATED RETRACTORS: COMPARING SURGICAL EXPOSURE IN CADAVERIC MODELS

Peter Steele<sup>1</sup>, John Curran<sup>2</sup>, Hilary Sturrock<sup>2</sup>, Rodney Mountain<sup>1,2</sup>. <sup>1</sup>University of Dundee, Dundee, UK; <sup>2</sup>NHS Tayside, Dundee, UK.

**Aim:** To compare the surgical exposure created by different retractors for the purposes of performing a tracheostomy.

**Methods:** To compare surgical exposure created by elasticated retractors and traditional retractors (Czerny's and Langenbeck's) we created tracheostomy wounds in two cadaveric models to the point at which the trachea was exposed. Once the retractors were applied to these wounds dental alginate was poured into these wounds to create 3D molds of these wounds.

**Results:** Molds taken from wounds with elasticated retractors applied were significantly wider, shallower and of smaller volume than those taken when using both Langenbecks and Czerny traditional retractors.

**Conclusions:** In using elasticated retraction deeper structures are laterally retracted in a circumferential manner, elevated and everted towards the surgeon's view thereby avoiding having to operate in a deeper, narrowing wound. In practice we have found this of particular advantage in obese patients. There are other advantages to this technique such as it creates a stable operative field independent of an assistant, it can facilitate solo operating allowing any assistant present to have a more active role in the operation.

#### 1196: THE IMPACT OF SCOTTISH GOVERNMENT PROTOCOLS ON RHINOPLASTY PRACTICE IN SCOTLAND

Peter Steele, Martyn Barnes, Peter Ross. *NHS Tayside, Dundee, UK.*

**Aim:** To investigate the rate of septorhinoplasty / rhinoplasty in Scotland between 2006-2010 and the impact of the previous 2009 protocol.

**Methods:** Data on numbers of procedures per specialty, region and year from 2006-2010 were collected from Information Services Division Scotland.

**Results:** In 2006, 754 SRP or RP cases were recorded - 147 per million population, rising to 893 (171) in 2010. Average annual rates by speciality were ENT 152 (87%), Plastics 13.9 (8%), OMFS 8.7 (8%). The guidance released in 2009 was associated with a reduction in RP rates of 43% ( $p < 0.0001$ ), although OMFS rates increased by 68% ( $p < 0.05$ ). Over the same period, SRP rates increased in ENT (46%,  $p < 0.0001$ ), and declined in Plastics (24%,  $p = 0.49$ ) and OMFS (45%,  $p = 0.05$ ). Overall (RP + SRP) rates showed only a 1% decline.

There was significant regional variation in practice.

**Conclusion:** There has been an overall increase in the incidence rate of septorhinoplasty and a decrease in that of rhinoplasty. Combined over the time period there was an increase in the incidence rate. There was a decrease in the overall rate of cases following 2009. Practice with regards to rhinoplasty and septorhinoplasty differs between health boards.